NEW JERSEY REGULATED MEDICAL WASTE TRANSPORTER ANNUAL REPORT

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Solid and Hazardous Waste Bureau of Resource Recovery and Technical Programs (609) 984-6620

I. TRANSPORTER IDENTIFICATION INFORMATION

1. Reporting period July 1, 2002 to June 30, 20	003 Due July 30, 200	3
2. Transporter Name and Mailing Address	3. NJDEP Number	Medical Waste Identification
Name		
Address		
City, State & Zip Co		
	4. Certific	cation for Intermediate Transporter
	[]Yes	[] No
5. Contact Person		
		()
Name (Please Print)	Title	Telephone Number
6. Certification		
I certify that I have personally examine attached documents, and based on my inquiry information, I believe that the submitted information and official title of owner or own	y of those individuals immation is true, accurate a	and complete.
Signature	Title	Date
II. DIS	POSITION INFORMA	ATION
7. Total Quantity of Regulated Medical Was RMW reported as being delivered to a second transporter		

only report RMW that was delivered by you <u>directly</u> to a destination facility.)

	Second Transporter or Transfer Facility	Intermediate Handler or Destination facility
A. Untreated Waste (pounds)		
B. Treated Waste (pounds)		

Transporter Name	Page	of	
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III. GENERATOR IDENTIFICATION

8. Total Number of Generators From Whom Regulated Medical Waste was Accepted (If your answer is "0", skip to Section IV)		
9. Identity of Generators (Please complete Sections A, B, C, D and E for each	Generator)	
A. Name and Location of Generator	C. Type of Generator If Other, Specify	
Name Address	D. Quantity of Regulated Medical Waste Accepted from Generator Untreated pounds	
City, State and Zip Code	Treated pounds E. Generator Identification Number	
B. County code A. Name and Location of Generator	C. Temp of Computor	
A. Name and Location of Generator	C. Type of Generator If Other, Specify	
Name	D. Quantity of Regulated Medical Waste Accepted from Generator	
Address	Untreated pounds Treated pounds	
City, State and Zip Code	E. Generator Identification Number	
B. County code		
A. Name and Location of Generator	C. Type of Generator If Other, Specify	
Name	D. Quantity of Regulated Medical Waste Accepted from Generator	
Address	Untreated pounds Treated pounds	
City, State and Zip Code	E. Generator Identification Number	
B. County code		
A. Name and Location of Generator	C. Type of Generator If Other, Specify	
Name	D. Quantity of Regulated Medical Waste Accepted from Generator	
Address	Untreated pounds Treated pounds	

City, State and Zip Code	E. Generator Identification Number
B. County code	E. Continuo racinimation ranioei

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IV. SECOND TRANSPORTER AND TRANSFER FACILITY IDENTIFICATION

10. Total Number of Second Transporters and Transfer Facilities to which Regulated Medical Waste was Delivered (If your answer is "0", complete Section V. If your answer is more than "0," then complete Section VI. Complete Section V if applicable or enter "0")		
11. Identity of Second Transporter and Transfer Facilities (Please complete Sections A and B for each Facility)		
A. Name and Location of [] Second Transporter [] Transfer Facility (Check one)	B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility	
Name	Untreatedpounds	
Address	Treatedpounds	
City, State and Zip Code		
A. Name and Location of [] Second Transporter [] Transfer Facility (Check one)	B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility	
Name	Untreatedpounds	
Address City State and Zin Code	Treatedpounds	
City, State and Zip Code A. Name and Location of		
[] Second Transporter [] Transfer Facility (Check one)	B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility	
Name	Untreatedpounds	
Address	Treatedpounds	
City, State and Zip Code		
A. Name and Location of [] Second Transporter [] Transfer Facility (Check one)	B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility	
Name	Untreated pounds	

Transporter Name	Page of
Address	Treatedpounds
City, State and Zip Code	
V. INTERMEDIATE HANDLER A	ND DESTINATION FACILITY IDENTIFICATION
12. Total Number of Intermediate Handlers a Regulated Medical Waste for Disposal (If your answer is "0", do not continue with	<u> </u>
13. Identity of Intermediate Handlers and Des (Please complete Sections A, B and C for ea	
A. Name and Location of[] Intermediate Handler[] Destination Facility (Check one)	B. Facility Type
Name	C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility
Address	Untreatedpounds
City, State and Zip Code	Treatedpounds
A. Name and Location of [] Intermediate Handler [] Destination Facility (Check one)	B. Facility Type C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination
Name	Facility
Address	Untreatedpounds
City, State and Zip Code	Treatedpounds
A. Name and Location of [] Intermediate Handler [] Destination Facility (Check one)	B. Facility Type
Name	C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility
Address	Untreatedpounds
City, State and Zip Code	Treatedpounds

A. Name and Location of

п		
[] Intermediate Handler	B. Facility Type	
[] Destination Facility (Check one)	C. Quantity of Regulated Medical Waste	
	Delivered to Intermediate Handler/Destination	
Name	Facility	
Address	Untreatedpounds	
City, State and Zip Code	Treatedpounds	
VI. FINAL DISPOSAL FACILITY IDENTIFICATION		
14. Total Number of Facilities which accepted Regularisation Disposal (Complete this section if you delivered waste to a to an intermediate handler or destination facility	second transporter or transfer facility and not directly	
15. Identity of Final Disposal Facilities (Please complete Sections A, B and C for each Fac	cility)	
A. Name and Location	B. Facility Type	
	C. Quantity of Regulated Medical Waste	
Name	Accepted by the Final Disposal Facility	
1 tunio	Theopieu by the Timur Bisposur Tuerney	
Address	Untreatedpounds	
City, State and Zip Code	Treated pounds	
City, State and Elp Code	pounds	
A. Name and Location	B. Facility Type	
71. Ivalie and Escation	B. Facility Type	
	C. Quantity of Regulated Medical Waste	
Name	Accepted by the Final Disposal Facility	
Address	Untreatedpounds	
City, State and Zip Code	Treatedpounds	
A. Name and Location	B. Facility Type	
	C. Quantity of Regulated Medical Waste	
Name	Accepted by the Final Disposal Facility	
Address	Untreatedpounds	

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City, State and Zip Code	Treatedpounds
A. Name and Location	B. Facility Type
Name	C. Quantity of Regulated Medical Waste Accepted by the Final Disposal Facility
Address	Untreatedpounds
City, State and Zip Code	Treated pounds

Transporter Name _____ Page ___ of ___.

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